MASIPALA WASE THEEWATERSKLOOF MUNISIPALITEIT

Munisipale Kantoor/Municipal Office Pleinstraat/Plein Street Posbus/P.O Box 24 **CALEDON** 7230



Tel. no.: 028 214 3300 Faks/Fax no.: 028 214 1289 E-pos/E-mail: twkmun@twk.org.za

LAND USE COMPLAINT FORM

Please note that all complaints must be submitted in writing either on the attached form, letter or emailed to the above email address. Anonymous complaints will not be investigated and further information may be requested in the form of a sworn affidavit in relation to the activities witnessed on site. This may lead to evidence being given in court.

COMPLAINAN	NT'S	INFOR	MATION (Please	e complete to the hes	st of you	ır ah	oility)		
Name & Surname:		SINFORMATION (Please complete to the best of your ability) Compulsory							
Address:		Compulsory							
	_								
	_							Postal Code:	
Contact Details:		Cell Compulsory			Hom	ne	Code - Nu		
		Work Code - Number							
Email Address			l						
				s of your complaint will which the Municipality v				red) or registere	d post. Please
Signature:					Date:	D	D / MM	/ YYYY	
ALLEGED CO	NTR	AVEN	TION INFORMAT	TION					
Name/Surname of Offen			ding Party:	arty: Not Compulsory					
			s taking place:	Compulsory - Street/Erf/Farm number, Street name, Suburb & Postal Code					
Erf Number: (if known)				Not Compulsory					
Nature of Alle	ged	Contravention:		Activity on site, i.e. Student Accommodation, Offices, Mechanical Workshop, etc.					
Frequency of Activity:				Daily, Weekends, Certain Days					
Impact of Acti	ivity	on you	ı/surroundings:	1					
have added ad	dition	nal info No	rmation to this co	uch as photos, letters a complaint form by marking of the complaints of the complain	ng the a	ppro	priate box b	elow.	·

GRABOUW - 0837969180 | VILLIERSDORP - 0837969178 | RIVIERSONDEREND - 0837969096 | GENADENDAL/GREYTON -